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A SYNOPSIS OF PRIVATE OBSTETRICAL PRACTICE FOR FORTY-TWO YEARS PREVIOUS TO JANUARY 1, 1876.[1]

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Soon after the proceedings of the Dublin Obstetrical Society in April, 1872, were published, I read the Report of Private Obstetrical Practice for Thirty-Nine Years, by Fleetwood Churchill, M. D. Pondering this report, holding frequent conversations and comparing cases with intimate professional friends whose duties in large proportion embraced this important branch, knowing that I had had in all my forty years of general practice a large number of "labor cases," I have imposed upon myself the task of gathering together and assorting my experience, in the hope that it might be of some interest if not of importance.

Churchill modestly says in his introduction, "I do not suppose that the results of my practice are more favorable than those of other practitioners, and their only merit is that they were entered in my case-book at the time they occurred. . . . I believe I may claim perfect accuracy for what is recorded." I also claim accuracy for what follows, adding this, that I have uniformly omitted to record or make notes of those cases which were normal, and of cases which were of no special interest.

The doctrine of compensation or equipoise is frequently illustrated in our profession, and especially in the obstetrical branch thereof; for we find two or three of our friends harassed throughout their professional lives by a succession of formidable abnormal cases, which, by the bye, they manage for the most part with consummate address, while there are others who seem to have rarely encountered any but simple cases.

Within the forty-two years previous to January 1, 1876, two thousand obstetrical cases were under my care. Below are the records of such cases as were of special interest or importance, or which required from various causes the application of art. Abortions, premature labors, and consultation cases are not included in this number; an exception, however, will be noticed in the record of plural births.

Variola; a Case of Delivery on the Seventh Day of the Eruption. — The woman and her husband and four of her eight living children were the occupants of the only two rooms which, with a small attic story, com-

[1] Read before the Obstetrical Society of Boston, February 10, 1877.

prised the house. On my arrival I learned that labor began five hours before, that my patient was in the seventh day of the eruption of variola, that she had mild delirium, that three of the children were in different stages of the disease, and that there was a great want of light, air, and food. Within an hour the whole family was vaccinated, and at the end of it the baby was born, and upon its lips, forehead, and body there was the characteristic eruption of the disease at about the fourth day. As soon as the baby was born it was vaccinated. One of the children, five years of age, died on the eighth day of the eruption; all the others recovered, the baby having the disease lightly.

Scarlatina: Two Cases; One having Scarlatina at the Time of Delivery; the Other associated with the Disease. — Case I. Two children had scarlatina simplex, and one had scarlatina anginosa; the eruption had nearly disappeared; they had been taken care of by the mother, who was at full term of pregnancy. Early in the morning of the seventh day of the eruption of the disease in her children, the mother was taken with vomiting and fever, and from four to six hours after, the eruption made its appearance upon her face, breast, and arms. Labor began about twelve hours after the vomiting, and the child was born four hours after that, covered all over with the scarlet eruption. All the cases recovered.

Case II. In this family there were three children passing through the disease when the mother was taken in labor, which was accomplished without untoward event while she and the whole household, aside from the sick children, were suffering from scarlatinous throats. About twenty-four hours after the birth the baby displayed a perfect specimen of the eruption over its whole surface. All recovered, but the eldest son suffered for a long time from sequelæ of the disease.

Rubeola: One Case of Delivery within a Few Hours after the Appearance of the Eruption. — There seemed to have been no prodromal stage in this case: the eruption made its appearance on the mother early in the day; the child was born in the afternoon after an easy labor of three hours, and was covered with a perfectly developed eruption; both recovered.

Plural Births: Thirty-Three Cases and Sixty-Seven Children; One in about Sixty-Two Labors; One Case of Triplets; the Remainder, Twins; Sex of the Children as follows: —

	Male.	Female.	Total.
One case of triplets		3	
Four cases of miscarriage at four, five, seven, and eight months	8		
Five cases of miscarriage at four, four, five, seven, and eight months	5	5	
Five cases at term, one child of each sex	5	5	
Eleven cases, all males	22		
Seven cases, all females		14	
	40	27	67

There was, also, one abortion of twins at ten weeks, which was produced by an instrument; there was profuse flooding and prolonged convalescence. The triplets lived to be twenty years of age, and for aught I know may now be alive at forty. Of the miscarriages three were acknowledged to have been induced, one of them by an instrument; in the others the means used were concealed; the mothers recovered without trouble. In one of the cases at term the male presented the left shoulder with head to the left, and was turned and delivered; the female followed normally. In three cases the second child was born dead; two of them had evidently been so for several hours. In many of the cases special notice was taken of the placentæ, but there are no records.

Deaths of Mothers: Three Cases. — There were three deaths of mothers attributable to or connected with childbirth, each occurring within seven days of that event, and there were no other deaths due to that cause.

Case I. S. S., age thirty-eight. This was the sixth single birth in eight years. The labor was normal, but the lady was, and remained, blanched, and coughed a great deal, having a sense of weight or oppression over the chest. She died on the seventh day after delivery.

The autopsy was made by Dr. Bowditch. "There was found cartilaginous thickening of the mitral valves of the heart, and a congested state of the lungs, . . . slight trace of tubercle, . . . uterus well contracted, peritoneum and intestines normal."

Case II. P. S., age twenty-two. Primipara. Upon my arrival I was informed by the midwife in attendance that the existing condition of things had remained the same for from four to five hours. I found a second stage of labor, the os not fully expanded, an œdematous anterior lip, and a protruding *caput succedaneum;* the patient was uncomplaining and almost indifferent, evincing great fatigue rather than exhaustion. Having drawn off the urine and succeeded in gently forcing back the anterior lip, I waited for two or three pains, when, finding that the head remained stationary, and taking into consideration the condition of the patient, I applied the forceps, and having brought the head down far enough to cause bulging of the perinæum, disengaged the instrument; after this with the third or fourth pain the head was born, the child giving evidence of being alive by gasping and uttering one or two feeble cries. There were several minutes (four or five) before a shoulder could be brought down; as soon as this was effected the child was born dead. The mother seemed to be going on well up to the seventh day, when she suddenly died. Autopsy was not permitted.

Case III. Mrs. R., age thirty-six. A well-formed and healthy woman; had been delivered by me, successfully, three times. The fourth labor went on propitiously up to the moment of the expulsion of

the child, which came quickly with a gush, the placenta following immediately, and simultaneously a deluge of blood and collapse of the mother. Instantly I sprang upon the bed, and, seizing the legs under my arms, elevated the pelvis and ordered snow or ice to be brought without delay, and had a dram of fluid extract of ergot and a half an ounce of brandy poured down the throat. Resigning my position to the husband, I passed my hand within the expanded uterus and with the other kneaded it externally; there was no contracting response. Basins of snow arriving, a ball of it was conveyed within the womb, and soon after this I was enabled to inject water at a low temperature. Pressure upon the abdominal aorta momentarily checked the flowing of blood, but it seemed to me there was little left within the body that could come away. Dr. Arnold, who arrived fifteen minutes before the death, has kindly sent me his notes of the case, from which I make the following extracts: —

"A remarkable feature was the irregular contraction of the uterus: sometimes it seemed to have contracted quite firmly, as was evinced by the small, rounded tumor and the hard, firm walls, and again to dilate to the size of one four months pregnant, while digital examination found the walls of the uterus soft and spongy. This contraction and dilatation occurred irrespective of the compression of the aorta. Although during the continued compression of the aorta but little blood was lost, she still sank."

There had been no contraction of the womb up to the moment of the first introduction of the hand of Dr. Arnold, but in two or three minutes, by our united efforts of kneading and compressing the aorta, the contractions mentioned in his notes took place. The time from the birth of the child, which is alive and well, to the death of the mother was one and a half hours. I may mention that perchloride of iron was sent for, but it failed to arrive.

Two Cases of Obstinate and Protracted Rigidity of the Os. — There were two cases worth mentioning, in which this condition was observed in primiparæ; both were strong, muscular women, having black hair and dark complexions: —

Case I. Mrs. S., age thirty-nine. I was called to this case early in the morning, and was told that the pains, which were of great strength and severity, began twelve hours before, and still continued. Natural evacuations had taken place within two hours. Upon taking a pain I found it almost impossible to reach the os, which was well up in the hollow of the sacrum, but eventually made it out, closed, hard, firm, and unyielding; the hard, rounded body behind the anterior segment of the uterine wall indicated a head presentation; there was little moisture of the vagina; the abdomen was not pendulous. I ordered nourishment and afterwards opium. Returning five hours later, I

learned that there had been but slight effect from the opium. Taking a severe pain, I found that the condition of things seemed not to have changed in the slightest degree; and it was the same after eight hours from this time, although opium had been given more freely. There was no lack of courage, patience, or strength. The patient now sat in a warm hipbath for thirty minutes, after which the vagina was filled with warm sweet-oil. Tartrate of antimony was given; there was no nausea, but after a while a copious alvine dejection. I now made an attempt by manipulation over the abdomen to change the position of what I believed to be the head of the child, so that, if successful, the os should come forward within easier reach of the finger. I signally failed. Venesection and inhalation of ether were peremptorily declined. The husband and I were the only persons in attendance; a spring freshet had surrounded the house, which was built on piles, with water and ice to the depth of three feet, the storm was raging, and for these reasons counsel was not readily attainable and I was forced to go through with the scene as best I might, alone.

After about forty-eight hours had elapsed since the beginning of these hard pains, recurrent on an average every five minutes, without producing apparent effect, there seemed to be a moderate increase of vaginal mucus and a little less hardness of the os, which was, to a trifling degree, more readily accessible, so that I warrantably felt encouragement. From this hour labor went on with perfect regularity; but twenty-four hours elapsed before the birth of the child, which was born alive, he and his mother doing well.

Seventy-two hours is a long time for a woman to be under the suffering of such pains as those of labor, and if she maintain her strength and good nature to the end as did this one, we can but remark the fact as unusual. It should be borne in mind that these, from the beginning, were not the "irregular," "flighty," "aggravating" pains which occur before labor fairly begins, but I emphasize the fact that they were downright, hard, contracting pains.

Case II. Mrs. C., age twenty-two. In this case the strong pains began sixty hours, and the os gave symptoms of yielding ten hours, before the birth of the child. In almost all respects this was like the first case. Venesection and inhalation of ether were refused. The mother and child did well.

Three Cases of Convulsions. — The following are the only cases of convulsions I have witnessed, and the notes of them are transcribed in full: —

Case I. L. V., age thirty, third labor, dark haired, and somewhat above medium size. Labor normal and hygienic surroundings apparently good; the placenta followed the child in about three minutes, and five minutes after that the woman, lying nearly on her left side, be-

came violently convulsed; in a short time, having come out of that condition, she drank some water and soon had a second convulsion, less severe than the first, and again a third, quite moderate, which was the last. With the exception of the water which she was allowed to drink there was almost nothing done for her, for the good reason that there was nothing available with which to do anything, except never-absent mustard, which was plentifully rubbed on her feet, legs, and back. Mother and child did well.

Case II. A. P., age thirty-five, primipara. This tall and thin, black-haired woman had a normal delivery, the placenta following the child within five minutes; twenty-five minutes after this, while lying nearly on her left side, she was seized with a violent convulsion, which having passed, she fell into a quiet and peaceful condition and remained so for nearly two hours, undisturbed. She now had another convulsion, seemingly of greater severity than the first, on the subsidence of which, finding her pulse hard and incompressible, I took from her arm many (the record says forty) ounces of blood, at the same time having her seated in a chair with her feet in a hot foot-bath. While she was in this position there was a third and less severe attack, after which we replaced her in bed, where she slept quietly for nearly an hour and a half; she then had the fourth convulsion, which was moderate and the last.

At about this time Dr. G. H. Lyman was driving by the house, and I invited him in, and he gave me kindly encouragement to expect a recovery. Mother and child did well.

The hygienic surroundings of the wooden house were not good; it had been built and occupied many years, and, as is the case with about nine tenths of the farm-houses in the country, the earth on one side was saturated with the thrown-out household slops.

Case III. J. S., primipara, age twenty-one. A tall and rather large-framed woman, of nervo-sanguine temperament; was going on normally with the labor, when, after the head of the child began to expand the perinæum and slowly but perceptibly to advance, regularly and propitiously, I perceived her eyes rolling upwards and a moderate "hunching" of the right shoulder, as she lay nearly on her left side. Quickly stepping into the next room for my forceps, I found the patient upon my return in a well-developed convulsion, and also placed by our most excellent nurse — bless her — in an admirable position for the use of instruments, and a deep pitcher of hot water on the floor, into which I plunged the instruments for a moment and then, immediately, by their aid drew forth the child; in a few minutes the placenta followed. There were but two other convulsions, each less severe than the previous one. There was a profuse hæmorrhage afterwards, but by the time of the arrival of Dr. H. G. Clark, who had been sent for,

there seemed to be no important indication for serious apprehension of an unfavorable result. Mother and child did well, and have remained so these eight years.

In none of these three cases were there any premonitory symptoms leading me to anticipate trouble of any kind at the birth. In the first two no anæsthetic was used; ether was administered in the third case for about one hour, and the attack took place while the patient was under its influence. The hygienic surroundings, so far as I know, were unexceptionable. It will be seen that in the first of this series of cases almost literally nothing was done for the restoration of the patient; in the second much was done; and in the third that was done which, I suppose, was what any obstetrician would have felt certain was the proper thing to do. I must be pardoned for the few words interposed about the nurse; they and more are in my notes. To have a kindly, cool, and handy nurse, one who is willing and knows what to do at the right moment, is next to having, in an emergency, a strong, friendly, and reliable brother-practitioner by one's side.

Nineteen Cases of Accidental Ante-Partum Hæmorrhage, Immediate and Remote. — One case of profuse hæmorrhage immediately preceding labor is recorded as follows: S. S., aged thirty-six, third labor. A delicate woman, bearing children in rather quick succession, early one morning walked from her bedroom to her kitchen, which was on the same floor, and while standing for a minute or two giving directions had a gush of blood from the uterus, in quantity represented as amounting to at least a pint and a half. She was immediately clasped by the cook and quietly drawn back to her bed, upon the side of which she sat, being disinclined to get into it, as she did not feel particularly faint. Thirty minutes after the gush of blood I found her in the position above mentioned, cool and collected, assuring me that she had not lost blood to any amount since the first moment, and that she had had no pain. It was soon expedient for me to make a careful examination, and I found that with the exception that the os was patulous, readily admitting the end of the finger, everything was normal. There being no hæmorrhage and the mind of the patient reliant, I awaited developments. Not many minutes elapsed before pains began, and the labor went on with perfect regularity, and a healthy female child was born in about one hour, the placenta following in five or six minutes. Mother and child did perfectly well.

Of nine women, three were primiparæ, two had had one previous labor, three had had four previous labors, and one had had nine; each had flowing about four weeks after conception, the time being reckoned back from that of the delivery, which was at term, and in no case was there any special trouble.

In three other cases there was a flow three consecutive times at the

monthly intervals next preceding delivery, and in one case a flow four weeks previous to delivery; in each of these cases mother and child did well. Nineteen cases are accounted for, and in all of this series the report is reliable; I mention this because there seems to be so strong a disposition in pregnant women, or in those who have recently passed through the ordeal of childbirth, to exaggerate in their relation of what they have experienced, and we are told tales of great hardship and many hair-breadth escapes. In the first case I could but be apprehensive for a while of having to conduct it through the dangers of a placenta prævia. I know of no solution of the cause of the hæmorrhage but this, that an edge of the placenta must have started away from the uterine surface; it was carefully inspected at the proper time, but nothing unusual presented. The other cases seemed to be of the kind we read about, of deviations in the regularity of the menstrual function, and that would appear the more probable from the fact of the periodicity of the discharge. During the flow and for several days after its cessation, the principal treatment relied upon and peremptorily insisted upon was absolute rest.

Fifteen Cases of Post-Partum Hæmorrhage. — Under this caption the case which was related under that of Deaths of Mothers is not included, because the birth of the child, that of the placenta, and the flooding were as nearly simultaneous as was possible, and therefore the hæmorrhage can hardly be said to have been post-partum. There are fifteen cases, of which there are special notes, which properly come under this head; in six of them flooding occurred on account of inertia of the womb following prolonged and exhausting labor; in seven, on account of a too rapid labor; in one it took place three hours, and in one eight days after the birth of the child, and upon the last two cases are the following comments: —

The labor in the case mentioned last but one was attended by the mother of the patient, and she called for my assistance because her daughter was getting pale and restless. I learned that the child was born about three hours before my arrival; that the afterbirth followed in about three minutes, "a little aid having been given." The patient, blanched and restless, had a sighing respiration and an irregular pulse. The womb was expanded to the size of the new-born child's head; the os was loosely closed around a string of membrane about the size of an ordinary untied skein of silk, and at the moment of examination there was but a moderate flow of blood through it. The shred of membrane having been removed, a finger was insinuated within the womb, which was occupied by a large clot, and when this began to come away contraction of the organ followed, and there was no further trouble.

The cause of the hæmorrhage in the case in which it occurred eight days after the birth of the child is unaccountable, for the labor was nor-

mal, the health of the lady had been good, suitable and sufficient nourishment had been taken and enjoyed, the nurse was faithful, and all the surroundings were of the best. I arrived thirty minutes after the first moment of alarm, and found the patient breathing slowly, but not in a labored or sighing manner, the pulse soft and slow, the skin normal to the touch. The uterus seemed not to be expanded, or if it were it was to a limited extent; there was a moderate flow of blood from the womb through the os, of which I convinced myself by digital examination, exercising the greatest circumspection. In the bed was a large clot, which the nurse said escaped from the vagina just before I came to the bedside. I gave a drachm of fluid extract of ergot, and afterwards brandy. In about one hour from the first alarm the bleeding ceased, but during two hours fainting continued intermittingly, and from that time there was a gradual recovery of tone and complete restoration to health. The occurrence took place in the forenoon of a hot July day. The nurse thought the fainting took place before the hæmorrhage.

These two are the only cases of post-partum flooding which have occurred later than one hour after delivery of the child; the other thirteen cases all happened and ceased within the hour, and do not demand any special mention.

Two Cases: One of Puerperal Hysteria, one of Puerperal Mania, or, as Churchill thinks it should be called, Puerperal Insanity. — I deem it of importance to report these two cases, one following the other, that they may be compared or contrasted. They are the only cases of the kind which I have witnessed.

J. I., age thirty, temperament sanguine, previous health uniformly good, was delivered of her second child on the 14th of February, 1847, the birth being perfectly natural, and for twenty-four hours everything went on propitiously. Early in the morning of the 15th a violent thunder-storm arose, and one particular flash of lightning, which shattered a tree hard by, seemed to my patient to have exploded in a luminous ball in her bed, between her husband and herself. On the following afternoon, having been called to her, it was reported to me that she had been alone for the greater part of the day, and that for an hour previous to my visit the symptoms which I then observed had been manifest: these were restlessness, a face of scarlet, a quick, hard pulse, skin hot to the hand, eyes glistening, mild delirium, with intervals of momentary consciousness, in which she spoke the words "head," "lightning," "expect to die." I immediately took from the back of the neck a large quantity of blood by means of cups, applied cold to the head, sinapisms to the extremities and spine, and gave small and repeated portions of tartrate of antimony, the Rasorian plan. After a few hours the high grade of excitement was subdued, but the condition

of the patient was anything but promising. There was variety in her symptoms. At one time there would be for an hour or more an utter listlessness, succeeded, perhaps, by four or five hours of a disconnected jumble of occurrences which had happened recently and remotely: a scene would be described in part, and, as though it were a part of the same, another would be interposed, and so on in the same strain of voice, without emphasis, the diction being always good and refined. From and after the expiration of the few hours mentioned above there was no febrile excitement, but there was insomnia, which opium in small and in large doses proved itself unable to overcome, and after due trial it was laid aside. Each day was a repetition of the preceding, the baby was utterly unnoticed, and this condition endured for thirteen days and nights. On the morning of the fourteenth day from the attack, although nourishment and moderate stimulation had been administered throughout, my patient was found to be sinking rapidly, as shown by coldness of the extremities, the failing and faltering pulse, the sighing, the whispering utterance, drooping eyelids, and tremulousness of the hands, and also by our inability to arouse her consciousness. At this point I gave, regularly every five minutes, one teaspoonful of the richest egg-nog made with brandy, so that she swallowed about ten drops of the stimulant with each spoonful. At the expiration of about an hour of this treatment I had the satisfaction of feeling the pulse improve and of seeing the countenance begin to manifest some intelligence; a little further on there was evidence of a disposition to sleep, and this was permitted. On the sixteenth day convalescence was fully established, and on the seventeenth, the baby having been put to the breast three times, milk was yielded, and the health of both mother and child was fully restored.

Puerperal Mania. — D. P., primipara, age twenty-six; temperament phlegmatic; for eighteen hours after normal delivery was in as promising a condition as one could wish, mentally as well as physically. At this time she awoke after having had what appeared to be a comfortable hour's sleep, previous to which she had suckled her baby, there having been a secretion of milk for three weeks. Two hours after this point of time I saw and examined the patient, first having learned from her attendant that quite soon after awaking there seemed to be a fixed expression of countenance, the complexion not changed, a slow and waving motion of hands and arms, an absolute want of response upon being spoken to, these symptoms lapsing at about the end of an hour into those in which I found her, and which were those of any maniac: exhibiting superhuman strength; unceasingly uttering the most profane and obscene language at the height of her voice; showing neither redness nor pallor of face; her actions purposeless or but momentarily fixed; regardless of her baby and all around her. The pulse

could not be examined, the temperature of the skin was pleasant to the touch, and there was no perspiration. This bad condition went on to worse if possible; the habits became filthy, and, the family not being able to take care of her, at the end of the second day removed her to an asylum, where, I was told, she died at the end of three weeks. Her mother had at this time seven living children, one of the daughters having been, at the age of twenty, for a short time insane; no other case of insanity had manifested itself in the family so far as known. Treatment was attempted, but was not carried out.

Two Cases of Breech Presentation. — These cases require no particular comment save this, that they were in the third and fourth labors of the same woman; the first and second labors were normal.

One Case of Hydrops Amnii. — There was an enormous outflow of liquor amnii, a deluge; it was in the evening, and I could not tell whether it was bluish or greenish; it was one or the other. The baby was born with a double harelip and fissure of the palate. I watched the child for twelve years, but the mother was obdurate, and would not permit intervention of the surgical art. Let us hope that if an operation had been performed it would have been successful.

Still Births: Nine Cases. — A. P., age twenty-three, primipara; large and well formed; uniformly in good health. About the middle of the seventh month of pregnancy the patient had noticed an irregularity, or a nodulated or unsymmetrical form of the abdomen, and this condition obtained throughout. At term, during the day, there were slight and occasional pains; in the evening regular and dilating pains came on about every ten minutes; the presentation could not be determined; the pains having ceased at midnight, the patient slept from that time until eight o'clock, when they returned. At twelve M. the os, dilatable, was the size of a silver dollar; presentation still obscure; the head, externally, could be felt in the right iliac fossa. External cephalic version was attempted, but without success; the waters had not escaped.

After a cool consideration of the state of the case, — the increasing fatigue, the severity of the pains, the hopelessness of a spontaneous rectification of the position of the child, the reasonable apprehension that there would be some abnormal presentation, an arm, for instance, — version was decided upon and performed under chloroform. At this time success attended adroit external manipulation in so far that the head was brought up to the level of the umbilicus, and this enabled me to reach a foot quite cleverly without being obliged to carry the hand high up within the womb; by this means legs, body, and arms were extracted; not so the head. Rotation brought the face towards the pubes, which process probably may have been assisted by one blade of the forceps, which was applied and moderate force used; the other blade being introduced could not be properly locked; the death of the child

took place during this process. [My mental observation at this moment was that the rotation to the position indicated would have taken place at any rate, and that no justifiable force for the purpose of preventing it would have done so.] Chloroform was now suspended, and the patient slept for half an hour. This description is in exact accordance with what was done. I must here add that the importance of knowing with accuracy the presenting part, or what might become the presenting part upon the impending rupture of the membranes before proceeding to the operation of version, was keenly felt. The fingers, the membranes intervening, assisted the external manipulation, and by the time the head reached the height of the umbilicus the waters broke, and upon the immediate introduction of a part of my hand towards the left side of the mother the foot was reached.

Anæsthesia being again induced, an attempt was made to perform craniotomy with a trephine craniotome, but the instrument did not work well. At last a blunt hook was introduced within the child's mouth, and by the aid of external pressure of the strong hands of an assistant, the child being turned well backwards towards the back of the mother, together with traction by the hook, the head was delivered about an hour and a half from the commencement of version. The lower maxilla was fractured. The perinæum was torn through one half; it healed kindly, and gave little trouble. The patient made a good recovery, with the exception of a sensation of loosening of the pelvic synchondrosis, which was remedied by wearing a stout belt. The child, a male, weighed eleven and one half pounds.

There now follows an outline of four cases of babies born dead, who must have ceased to live within a short time previous to their birth. The first was born thirty minutes after my arrival at the bedside; the progress during this half hour was in all respects perfectly natural; the cord was around the neck once, and was easily disengaged; the child never breathed; there were two living, healthy children by the parents of this one.

The second was a first-born. The second stage of labor was somewhat protracted, but otherwise normal, the advance of the head being steadily progressive.

The third was as much like the second as could well be.

The fourth was a third child; the cord was twice around the child's neck, and was unusually strained; it was cast off at the first possible instant but the child did not breathe.

These children were born of healthy parents whom I had known intimately for several years, and were plump and well formed. Children have since been born to the mothers of all but the third. I need not say that all devices were put in operation in the hope of revivifying the little ones. One case of still birth from prolapsus of the cord should be added to this category.

There are three cases of children born putrid, of two of which no history could be learned; of the third the mother declared that she had been struck upon the abdomen accidentally by a broom handle three weeks previous to her delivery, which was at full term; the labor was natural; the placenta was much thicker than any one I have ever seen, and it weighed more than four pounds. The patient said she had suffered nausea during the three weeks, had performed her household duties, and had been well enough. She rapidly recovered from her confinement, as also did the other two.

Phlegmasia Dolens: Two Cases. — Case I. Two cases of this affection have fallen under my charge. The first was after the birth of the second child of the lady who had the hæmorrhage at the onset of her labor. Fourteen days after her normal delivery, suddenly, great pain seized the whole of the left leg, followed shortly by swelling of the part, which in about forty-eight hours involved the whole limb up to the groin, and no higher at any time. In the fourth week the swelling began to subside, in the seventh week the patient could walk, and at the end of three months there was no trace of the disease.

Case II. The second case was that of a little woman, anæmic to a great degree, who was suddenly taken in labor at term, and whose child was born within half an hour. She had habitually an utter distaste for meats, and I might almost say for anything that would yield good nourishment. Nevertheless, by care and watchfulness the case went on satisfactorily until the tenth day, when she besought me to let her get up; I reasoned with her, and charged her not to attempt to do so. At my visit the next day I found my patient in a high grade of fever, suffering agony in the calf of her left leg, which was already swollen, tense, and shining. Having done what I could to alleviate her condition, I sought and found out the cause of the trouble, which was this: within an hour of my previous visit the nurse prevailed upon her by saying, "The doctors were forever wanting women to lie in bed for a month, and it was all nonsense; all my ladies get up on the tenth day, and there is no reason why you should not; so now get up and walk around your bed just once," and the little lady did get up and walk around her large French bedstead once, and within two hours her sufferings began. After two or three weeks I was discharged, and I cannot say anything more about the case save this, that the swelling invaded the whole limb, and the other was not affected. The nurse was retained.

Craniotomy. — In 1840 there was one case which, in my judgment, required craniotomy, and it was performed. Counsel was sent for, but there was so long a delay that I proceeded alone and accomplished the object. The mother recovered. I cannot venture to give the particulars of the case from memory, and I regret that I am unable to find the little book in which the record of it was made.

The sum of the cases I have recorded is as follows: —

Delivery during variola	1
" " scarlatina	2
" " rubeola	1
Plural births	33
Deaths of mothers within seven days	3
Rigid os	2
Convulsions	3
Flooding, ante partum	19
" post partum	15
Puerperal hysteria	1
" mania	1
Hydrops amnii	1
Breech presentations	2
Dead born, including one from prolapsus of cord	9
Phlegmasia dolens	2
Craniotomy	1
	96

RECENT PROGRESS IN THE TREATMENT OF THORACIC DISEASES.[1]

BY F. C. SHATTUCK, M. D.

Paracentesis Thoracis. — A few more cases of sudden death after this operation are reported. Dr. Cayley[2] read before the Clinical Society of London the case of a man admitted into hospital September 22, 1875, after an illness of five weeks. Right pleuritic effusion was made out, and on September 25th the chest was tapped and twenty-three ounces of turbid serum were withdrawn. The fluid seeming to reaccumulate, the patient was tapped several times and smaller quantities were removed. October 7th fetid pus was obtained. Between October 25th and November 3d the pleural cavity was washed out daily with a solution of tincture of iodine in water, half an ounce to the pint. November 4th a large trochar was introduced, one ounce of pus was removed, and four ounces of the above solution of iodine were injected. Toward the end of the operation the patient suddenly became unconscious, his face grew deadly pale, pulse very slow, respiration gasping, and pupils widely dilated. Six ounces of fluid were at once removed, and this was followed by flushing of the face, profuse perspiration, convulsive tremor of the right leg, and muscular rigidity of the other limbs, the breathing being at the same time very rapid. At 2.15 P. M. the temperature was found to be 107° F. in the axilla, there was profuse perspiration, the head was turned to the left, momentary clonic spasms of the right side of the face set in, and the eyeballs rolled from side to side. The patient died during the night, sixteen hours after the first symptoms. The post-mortem examination revealed nothing to

[1] Concluded from page 467.

[2] Lancet, November 4, 1876.

account for the symptoms; there was neither thrombosis of the pulmonary vein nor embolism of the cerebral arteries.

Dr. Broadbent then related a case of pleurisy in which tapping was followed by sudden death three and a half hours after the operation. The patient was admitted to hospital January 21st, with left pleuritic effusion of some weeks standing, in all probability. January 26th, at two P. M., eighty ounces of clear serum were withdrawn with the aspirator, though it was not attempted to empty the cavity. The dyspnœa, which had been very prominent as a symptom, was relieved, and the heart returned somewhat to its normal position. At five P. M. the patient was cheerful, said he felt better, and then had tea; at 5.45 he appeared to be quiet and was lying still, but on looking at him it was found that he was dead. The post-mortem examination revealed no sufficient cause for death, which was, therefore, attributed to syncope.

A case of death ten days after thoracentesis, from embolism of the pulmonary artery, is reported by Dr. Andrew.[1] A man, thirty-eight years of age, was admitted into hospital March 30th, with left pleuro-pneumonia of three weeks standing. The pneumonia cleared up, but the effusion increased, and the man's condition was so unsatisfactory that on May 11th the aspirator was used, and forty-five ounces of greenish, nearly clear fluid were withdrawn. After this the patient gradually improved, and June 23d was convalescent and allowed to go down-stairs and walk in the quadrangle. After this he walked up one flight of stairs to the ward, got into an arm-chair, was noticed to be distressed, and, after a short period of great dyspnœa, died.

On post-mortem examination the pulmonary artery was found plugged with a large, laminated, discolored clot, bearing the impression of musculi pectinati or columnæ carneæ. It will be noticed in this case that a period of nine weeks elapsed between the commencement of the attack and the performance of thoracentesis.

[Dr. Andrew told the reporter two years ago that he never tapped the chest if he could help it, as he thought that the operation often converted a serous into a purulent effusion.]

Within the last two or three years a number of similar cases have been reported, have attracted much attention, and reopened the whole question as to when and under what circumstances it is proper to operate in the case of pleuritic effusion. The purpose of Dr. Beverly Robinson's[2] paper is to answer this question.

He first shows that, contrary to the opinion of Louis, death has often resulted directly from excessive pleuritic effusion, through either syncope, cardiac or vascular thrombosis, or asphyxia; the latter, again, may be fatal either from excessive crowding or from collateral œdema

[1] Medical Times and Gazette, October 28, 1876.
[2] New York Medical Record, January 27 and February 3, 1877.

of the sound lung. "If, now, sudden deaths do frequently take place in the natural course of a pleurisy of a latent type, where the effusion has become very large, and if the post-mortem condition distinctly show that the presence of fluid in the pleural cavity on either side has been a direct, efficient cause of their production, are we at all justified in delaying to perform an operation which shall surely ward off such occurrences? Evidently not, unless the operation itself be dangerous or objectionable." After ably discussing the propriety of operating in moderately large and even appreciably large effusions, he takes up the cases in which a fatal result has occurred during or shortly after the evacuation, and during or shortly after injection of the pleural cavity.

In some of these cases no autopsy was performed; in others, though a careful autopsy was made, no sufficient cause of death was found; and in others, again, conditions were found which would surely have caused death even if the patient had not been operated upon. There remain a few cases in which the operation was undoubtedly the determining cause of death, but in nearly all of these the result would have been avoided if greater care and improved methods had been employed.

"It has been shown latterly, in every case where convulsions have come on after thoracentesis, that they have appeared while the fluid was being injected, and *not* while it was being withdrawn. This fact would appear to indicate that the *injection* and not the emptying of the chest had something to do in causing death, and in instances where emboli have been found in different organs at the autopsy, the most rational explanation is that it served to detach a thrombus already formed, — sometimes in the heart, more frequently in the pulmonary veins." These complications, however, may follow simple puncture also, and the practical deductions from recorded examples, are, therefore: (1) to perform thoracentesis before these thrombi have formed; (2) to inject liquid, when required, into the pleural cavity with very moderate force and in limited quantities at a time, so as not to increase the pressure on the pulmonary surface. If thrombi have been formed, they may become detached either directly by the pressure, or indirectly by the cough which it may and often does occasion.

Dr. Robinson is persuaded after rigid and careful examination of recorded fatal cases that there are very few, even of those apparently due in a measure to the operation itself, which could not have been avoided or absolutely prevented from occurring. He finally formulates the following law: ***In all cases of pleuritis in which fluid is present, we should without hesitation make use of the aspirator to withdraw the morbid effusion.*** To this law he affixes one limitation and one exception. The limitation is: whenever very large or excessive quantities of fluid are present, it is wiser to puncture the chest on two successive occasions, so that all risk of acute œdema of the affected side shall be

avoided. The exception is: if the patient be very much enfeebled and the effusion be small or moderate, we may with advantage delay the operation, during a brief period, until his strength have been somewhat reëstablished. By proceeding after this manner, all danger of fatal syncope will be avoided.

Paracentesis Pericardii. — Dr. Roberts[1] has collected and analyzed forty-one cases, — all the authentic ones which he has been able to find. The results of the operation are of the greatest interest.

Recoveries	19
Hope of recovery (probably death)	1
Death	21–41

Counting the one case where there is no final result given as fatal, the percentage of recovery is 46.34, of death 53.66 per cent. This rate of mortality is inclusive of all the cases in the table, but seventeen out of the twenty-two who died suffered from concomitant and often incurable disease. In the other five cases no complication is mentioned. This would make only five deaths from cardiac dropsy alone in a series of forty-one cases, a mortality of 12.19 per cent. Since 1850 the cases have been more fully reported, — over twenty-seven in number, and of these eleven recovered, although two had phthisis. Of the sixteen patients who died there was additional disease in thirteen, leaving only three cases where the patient seemed to succumb from the pericarditis alone. In other words, taking the recoveries into consideration, there were out of fourteen cases of pericardial effusion, where other disease did not *act* as a complication, eleven recoveries and three deaths. This gives a mortality of 21.43 per cent., quite as low as the mortality in many other operative procedures which are considered perfectly justifiable.

The time of survival is given in nineteen cases. Death occurred less than a day after the operation in four cases; the time is not accurately given (life prolonged) in two cases. In the remaining thirteen cases the longest time was one hundred and sixty days; the shortest one day; the average 34.15 days. The operation was especially successful in acute rheumatic pericardial effusion, three cases of which are included in the forty-one. Dr. Roberts' statistics are rather more encouraging than those of Roger.[2]

Obliteration of the Aorta at the Origin of the Ductus Botalli.[3] — (A similar case was observed some years since by Professor Schrötter, who communicated it to the *Wochenblatt* of the K. K. Gesellschaft, in Vienna.)

This case, highly interesting on account of the wonderful develop-

[1] New York Medical Journal, December, 1876.

[2] Vide last report on Diseases of the Chest in the JOURNAL of October 12, 1876.

[3] Dobell's Report on Diseases of the Chest, 1876. Wiener med. Wochenschrift, 1876, No. 16.

ment of all the characteristic symptoms, was that of a young man, aged twenty-seven, employed as a journeyman carpenter, who, until five days prior to his entry into the hospital, had always been perfectly healthy. He first complained of a cutting pain through the whole of the left half of the thorax, and of great difficulty in breathing. At the first examination, pneumonia of the left upper lobe was discovered, with a remarkably slow, full, and hard pulse. By the sixth day the pneumonic symptoms had entirely disappeared; they were succeeded, however, by others more interesting still. In the carotid and subclavian arteries pulsation could be *seen*, the finger laid on them received a smart "stroke," and a systolic blowing murmur was to be heard in the neighborhood of both these vessels. Behind the thorax, at the upper angle and inner border of the scapula, there were some tortuous vessels with scarcely perceptible pulsation. The heart's action was somewhat violent, the movement of the chest wall being visible up to the left axilla, and the intercostal arteries were seen pulsating synchronously with the radial pulse in their spaces bordering on the sternum. The heart was enlarged in both diameters, but especially from apex to base. The first sound was protracted and diffused; over the aorta both sounds could be distinguished. The first sound was accompanied by a high-pitched, rasping bruit; the aortic sound itself was remarkably clear and ringing. "The bruit, which sounds as if deeply seated, is continued round the left side to the spine; in front it is not heard to the right of the sternum. The abdominal walls are very soft and impressible, so that the anterior surface of the vertebral bodies may be easily felt; yet, in spite of this circumstance, no pulsation is perceptible in the abdominal aorta. The femoral, popliteal, tibial, plantar, and metatarsal arteries are not perceptibly pulsatile. In the region of the colon the percussion rate is duller, with no resistance."

The consideration of these facts left no doubt that the question was one of obliteration or of an advanced degree of stenosis of the aorta below the origin of the larger vessels, this hypothesis explaining the hypertrophy of the heart and the development of a collateral circulation. The patient was discharged at his own request, as he appeared in good health. Three months afterwards, however, he fell down dead in the street.

The autopsy corroborated the opinions advanced during the patient's life: his aorta was completely obliterated to an extent of three millimeters, and his sudden death was due to rupture of the largely dilated vessel within the pericardial sac. "These obliterations," the author (Dr. Josef Hormung, clinical assistant) remarks, "are to be ascribed to the slow development of processes which begin in infancy or possibly during fœtal life."

Under the head of A Discovery in Physical Diagnosis, Dr. Holden,

of Newark, N. Y., sends a communication to the *Medical Record* of January 20, 1877, in which he describes an apparatus designed to intensify the respiratory sounds in health and disease, and thus to facilitate the earlier detection of the physical signs of phthisis. The "resonator" is a flexible rubber tube two feet long and five eighths of an inch in internal diameter, supplied with a mouth-piece and end-piece, the diameters of which vary from that of the tube. The patient inspires and expires forcibly through this tube, holding the free extremity away from him, and the physician applies his ear to the chest. A singularly magnified character is said to be given to the respiratory murmurs, and the stethoscope is unnecessary. "In thin persons, so great is the exaggeration of the natural sounds that, as with the stethoscope, comparison of the two sides may at times be requisite to prevent misinterpretation; but in local consolidations and small cavities it has proven invaluable." [The reporter has supplied himself with this instrument from Messrs. Leach and Greene, and has used it in six cases of phthisis in different stages (one case with an unmistakable cavity), in one case of pneumonia, and in two healthy persons. These cases do not, of course, form a sufficient basis for final generalization; but the impression thus far produced is that the difficulty which is frequently met with in obtaining physical signs in the earliest stages of phthisis, will be but very little, if at all, obviated by the use of the resonator.]

Inhalation of Compressed Air. — Sommerbrodt,[1] after extended investigation, in which the sphygmograph was repeatedly used, arrives at the following conclusions: —

(1.) The blood pressure in the systemic circuit rises during the inspiration and falls during the expiration of compressed air.

(2.) The amount of blood is diminished in the pulmonary circuit and increased in the systemic, especially in the veins, beginning a few heart-beats after the inhalation has been commenced, and continuing as long as it is continued.

(3.) After ceasing the inhalation the blood gradually resumes its usual distribution, but the changes mentioned in 1 disappear immediately.

(4.) While inhalation is going on the cardiac contractions are more frequent and more powerful, and continue to be so for some time after inhalation has been stopped.

These conclusions confirm the views of Waldenburg as to the indications for and against the use of this method of treatment. According to Sommerbrodt a means is thus placed at our disposal for exercising the heart like any voluntary muscle, and assisting it in its efforts at compensation in valvular and other lesions.

[1] Deutsches Archiv für klinische Medicin. October, 1876.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.

O. W. DOE, M. D., SECRETARY.

JANUARY 1, 1877. *Hip Disease.* — DR. C. P. PUTNAM reported two cases of hip disease which came early under treatment and ended in recovery without deformity.

The first patient was a boy fourteen months old, in whom the symptoms had been very well marked for two weeks. There was excessive spasm of the muscles, making it impossible to place the limb in position at the outset. It was treated with immobilization of the joint, by means of a plain wooden splint fastened to the body and to the affected extremity by sticking-plaster and bandages. This was applied several times in the course of two or three months, since when, for several years, the symptoms have not returned.

The second patient was a girl four years old, who came under treatment four days after the first symptoms appeared. Continuous rest in bed, without apparatus, caused the symptoms very nearly to disappear in the course of a week, and no symptoms could be detected a few days later. At the end of seven weeks she was allowed to walk a few steps every day, and for two weeks there was no difficulty; then she escaped from her nurse and ran about for a while, when the symptoms again returned, though they disappeared after a few days of rest in bed. A Taylor's long splint was then applied for two weeks, with as much extension as the patient would bear, and then the splint invented by Taylor, called the "Dow's" splint, which was exhibited. This had been worn so far for six months, during the whole of which time the patient had run about freely during a large part of each day. The splint may be described as an ischiatic crutch with a joint at the knee, which joint, being behind the line of support, becomes immovable when the leg is straight. The patient's foot does not touch the sole of her boot, to which the brace is attached, or touches it at the toe only, the heel reaching only within half an inch or more of the sole. Although the toe is used to support part of the weight in walking, the main part of the weight and every severe shock is transmitted by the splint to the ischium. In a more severe case the splint could be so long that not even the toe could touch. The theory of this splint is to allow the joint to perform its natural functions as far as is compatible with not increasing the disease, and by means of it a patient is enabled to take almost as much exercise as in health.

DR. T. B. CURTIS asked Dr. Putnam how long he would consider it necessary that such a splint should be worn.

DR. PUTNAM said this one would be worn eight months, in accordance with Dr. Taylor's advice; he had no other reason for deciding on this period: probably it must in each case be a matter of trial, and it would be advisable to keep up the treatment for the sake of security much longer than seemed necessary in view of the absence of symptoms. In this case he had not expected to see the symptoms return for a slight cause, after they had disappeared with rest and had been absent for fully seven weeks, as they did in the beginning before any splints had been used.

Dr. Dwight remarked that Adams, of London, said he expected to obtain a perfect cure in those cases which came under his treatment in the early stage of the disease.

Dr. Fifield thought the statement of Adams rash, particularly when the disease was of the strumous form and the bone affected.

Dr. T. B. Curtis remarked that the results obtained by American surgeons in the treatment of hip disease appear to differ very considerably from the results of foreign methods of treatment. Thus, in France the usual treatment is that taught by Bonnet, of Lyons, consisting in immobility of the limb in a favorable position, the long wire *gouttière* of Bonnet being used during the earlier period of the disease, and succeeded during convalescence by some form of stiff bandage prepared with dextrine, plaster of Paris, or silicate of potassa. As regards the results so obtained, many French surgeons look upon anchylosis as a favorable termination, and as the object to be sought by the surgeon. A termination by anchylosis is regarded as a cure. E. Boeckel, of Strasburg, in a paper on the arrest of growth which follows coxalgia when contracted early in life, asserts that anchylosis is the inevitable termination of every case of *confirmed* coxalgia, whether with or without suppuration. He adds that he defies any one to show him a single case of this disease cured without anchylosis, unless luxation has ensued. Valette, of Lyons, says that to obtain anchylosis in a good position of the limb should be the sole aim of the surgeon in a case of confirmed coxalgia. Such a result is all the more unsatisfactory since it has been shown by Boeckel that anchylosis, when contracted early in life, almost inevitably entails a future arrest of growth of the diseased limb, amounting in some cases to several inches, and materially lessening the usefulness of the limb. American surgeons, on the other hand, treating hip disease by extension from the first moment of its appearance, not unfrequently obtain complete cures, with entire restoration of the mobility of the joint.

Dr. Curtis suggested that the striking diversity of results claimed here and in France may be dependent in part upon different habits of diagnosis or a different use of words. The French restrict the name of coxalgia to the strumous arthritis of the hip-joint, with gelatinous degeneration of the soft tissues, frequently accompanied or followed by caries and suppuration. This condition they differentiate, not only in nosology, but when possible clinically, from the various simple affections, inflammatory and traumatic, of the hip-joint; cases of the lesser, simple lesions, when successfully treated with entire restoration of all the functions of the joint and limb, are not claimed as examples of cured coxalgia. Hence the view commonly taken abroad of the ætiology of coxalgia, which is held to be mainly of constitutional origin. This comparatively limited application of the term coxalgia accounts partly for the relative failure of the French methods of treatment.

In this country, on the other hand, where "hip disease" is asserted to be more often traumatic than constitutional in its origin, a considerable proportion of cases is claimed to be completely cured. To establish the diagnosis of hip disease very delicate methods of examination have been devised, by which the slightest damage to the hip-joint may be detected in its earliest stage: for instance, Taylor's "slow and reluctant relaxation of the muscles in short and

gentle movements," which, he says, is diagnostic of incipient disease in the joint; also the method advocated by Sayre, which consists in laying the patient flat upon his back on a table, with the spinous processes of the vertebræ in contact with the supporting surface, the thighs being then extended until the popliteal spaces touch the table. By these and other analogous methods, signs of injury or inflammation are elicited, which are held to justify the diagnosis of hip disease, and to indicate prolonged treatment by extension. In a certain proportion of such cases the results so obtained are of course eminently satisfactory. Now, without questioning the wisdom of this course, nor the superiority of Taylor's splint, which is undoubtedly an admirable instrument, it must be admitted that the readiness with which "hip-disease" is diagnosed by many of our surgeons accounts to a certain extent for the facility with which their complete cures are obtained. In comparing the results of treatment at home and abroad, we should bear in mind that our term "hip disease" is not synonymous with the "coxalgia" of foreign writers, inasmuch as the former seems to be so used as to include almost all the traumatic and inflammatory affections of the joint, fractures and dislocations excepted, while the latter is intended to be strictly limited to the strumous arthritis of the hip.

Dr. Bradford mentioned the following method as used by some of the New York specialists in forming the diagnosis of hip disease. The patient is placed upon his belly, the knee or thigh is grasped by the physician and moved in all directions. The physician's free hand is placed flat upon the sacrum, and any tilting of the pelvis, if present, is felt at once, and is more readily detected than when the child lies on his back and the knee is forced down.

Dr. J. J. Putnam mentioned one case of hip disease treated at the Samaritan Hospital by rest alone, which showed marked improvement, but as soon as motion was allowed the pain, tenderness, and swelling returned.

Dr. Hildreth thought that not so much extension was required as rest; extension sufficient only to overcome the muscular contraction. He thought children were usually allowed too much freedom. With reference to the use of Dr. Sayre's short splint, which both Drs. Tarbell and Curtis disapproved of, Dr. Hildreth said that in one case, after the child had worn it a few weeks, relaxation of the ligaments of the knee-joint ensued so as almost to disable the child, and the splint had to be dispensed with.

Dr. C. P. Putnam showed an arrangement lately made use of in New York by Drs. Taylor and Chrystie, by which a sort of crutch is attached to a hip splint and carried over to the opposite side of the perinæum. This apparatus may be used in any case to divide the weight between the two sides, but is mostly used in cases of old disease where it is desirable to correct adduction of the diseased hip.

Varicocele in the Female. — Dr. Dwight referred to the close connection existing between the renal and ovarian veins on the left side, as shown by him recently upon the cadaver by colored injection of the system of the vena cava inferior.[1]

Dr. Fitz said he had noticed a similar condition affecting the left side, in an autopsy made two years ago. This was the only instance in which he had observed this appearance, so he thought it must be very rare.

[1] Vide Journal, February 15, 1877.

Dr. Curtis mentioned that a varicose condition of the utero-ovarian veins, analogous to the varicocele of the male, was described by Richet in his treatise of surgical anatomy, the description there given being partly quoted from a paper by Devalz.

Dr. Baker thought the investigations of Dr. Dwight of special interest as perhaps explaining the comparative frequency of prolapse of the ovary on the left side.

Lead Poisoning. — Dr. Stevens spoke of two families who had suffered from lead poisoning arising from the presence of sugar of lead, which had been added to a barrel of cider by mistake instead of alum. The first marked symptom was colic, coming on five weeks after commencing the use of the cider. The subsequent symptoms were muscular weakness, vomiting, jaundice, extreme pallor, and colic in a severe form. Lead was found in the urine before any treatment had been given, and the amount doubled after the use of iodide of potash.

Biliary Calculi (?). — Dr. Bowditch reported the following case of a gentleman fifty-three years of age, apparently in perfect health, who, after lifting a heavy weight seven years ago, felt a sudden severe pain in the lumbar region, finally settling beneath the lower right ribs. The pain continued for eight hours, and was attended with nausea, but no vomiting. Since then he has had a similar attack every few weeks, coming on about eleven A. M., and continuing until seven P. M. He has never vomited but once, and then the pain instantly ceased. It ceased once again, suddenly, when he threw himself on to a sofa. When the attack commences the pain recurs at the same hour every day for three or four days. Dr. Bowditch asked the members of the society what they considered the diagnosis of the case to be.

Dr. Tarbell remarked that in reading recently an article upon movable kidney, a case very similar to that reported by Dr. Bowditch was mentioned, where the pain was relieved by a sudden motion of the body.

Dr. Curtis said that movable kidney was very exceptional in the male.

Dr. Fitz suggested one-sided renal calculus, or lumbar neuralgia, though in the former one would expect to find blood in the urine.

Dr. Bowditch said the patient had never observed anything abnormal, either in the urine or fæcal matter. Three attending physicians had diagnosticated biliary calculi; a fourth, neuralgia; he had treated him for the former disease, advising a lotion of nitro-muriatic acid every morning, and the juice of two lemons on the first appearance of the pain.

January 15, 1877. *Dysentery treated with Large Doses of Ipecac.* — Dr. Forster read a paper upon this subject.[1]

Dr. Bixby asked Dr. Forster what he considered the action of the drug to be when thus administered.

Dr. Forster replied that he thought it acted as a stimulant.

Dr. Richardson inquired if it were usually vomited when given in such large doses.

Dr. Forster answered that in a tabulated report of fifty-four cases treated by this method, vomiting took place in only twelve cases.

[1] See Journal, February 22, 1877.

Dr. C. E. Stedman referred to a paper published by Dr. Flint, in the *New York Medical Journal* of last year, wherein he speaks of dysentery as a self-limited disease, usually continuing about seven days. Dr. Stedman said he had been in the habit of treating dysentery with a combination of morphia and sulphate of soda, and had usually found it to quiet the pain and change the character of the discharges after one or two doses. By this treatment the severest cases, in forty-eight hours, seemed to lose their virulence. A short time since he was called to a child between two and three years of age, suffering from dysentery. Starch and laudanum injections, continued for two days, exerted no beneficial effect; after taking one dose of sulphate of soda, three grains, and sulphate of morphia, one thirty-second of a grain, the patient was relieved.

Dr. Hildreth remarked that Dr. Hooker, of Cambridge, used to say that cases of dysentery treated with a combination of sulphate of soda and magnesia with opium would always recover. Dr. Wyman, on the other hand, preferred to treat his cases with opium preceded by purgatives. Dr. Hildreth said he had treated four cases with large doses of ipecac, but it was retained in the first case only. He thought those cases in India treated so successfully by this method were of a different type from those we meet with here; his own idea was that the disease is self limited, and that some cases will recover and others die, irrespective of the treatment which may be used.

Modification of the Ophthalmoscope. — Dr. Wadsworth showed a modification of the ophthalmoscope, which is described at length in the Journal, number 4, volume xcvi., page 105.

Bronchitis depending on a Gouty Diathesis. — Dr. Hildreth reported the following case: A gentleman, thirty years of age, a high liver, had a severe attack of gout two years ago, and was treated with colchicum. Previously to that he had suffered from bronchitis during the winter season, though free from it summers. Last fall he had his usual attack of bronchitis, attended with high fever and a considerable asthmatic element; the urine was loaded with urates. Colchicum gave him relief within twenty-four hours, but when this was omitted the disease would return, and was in no way affected by the remedies usually prescribed for bronchitis.

A second case of bronchitis in a gouty subject was also relieved by colchicum, but as the patient could not bear this well, lithia was prescribed with equally beneficial results.

Dr. Folsom referred to three cases of bronchitis complicating rheumatism, which yielded readily to rheumatic remedies. In one case the expectoration was different from what we usually see in bronchitis, being very viscid, extremely white, and remarkably tenacious. He thought this condition analogous to that we sometimes see in inflammation of the fibrous tissues of the joints, where cerebral complications ensue and are relieved by irritating applications to the affected joints.

February 5, 1877. *Thrombus of the Cerebral Sinuses.* — Dr. J. O. Green read a paper upon this subject.

Dr. Jeffries asked to what extent the swelling in the neck usually takes place.

Dr. Green answered that it began just below the mastoid and extended downwards and backwards. It is a brawny, hard swelling, resembling that of phlegmasia alba dolens.

Dr. Hay asked if the swelling could be mistaken for erysipelas, and also if you would find pus in a thrombus.

Dr. Green replied that it is not generally an inflammation; when it is that, it arises from the formation of an abscess. With reference to a purulent formation, Dr. Green thought the degeneration of the thrombus would excite phlebitis, and so give rise to pus. The treatment was entirely symptomatic.

Ulceration of the Gall-Bladder. — Dr. Chadwick read the following history, as sent him by Dr. E. P. Hurd, of Newburyport, of a case of inflammation of the gall-bladder resulting in ulceration, and showed the specimen: The patient, an Irishwoman, fifty-six years old, had been for many years a spirit-drinker. She had been in poor health for many months, complaining of loss of appetite, constipation, vague pains in the abdomen, and general *malaise*. On Sunday noon, December 10th, Dr. Hurd was called. The patient had been in pain since the preceding night, the pain coming on suddenly, as if something had ruptured. At the time of the visit she was sitting up, with her hands pressed over the bowels, unable, as she said, to lie down, and apparently in great agony. No febrile action, and no soreness on pressure. Pulse 80. Three hypodermic injections of morphia, one half grain each, at intervals of fifteen minutes, brought a little relief. The pain continued very severe at times until her death, one week later. There was obstinate vomiting from the first, attended with constipation. Her death seemed to result from exhaustion rather than from violent inflammation. At no time did the bowels become hard and tense, yet there was considerable tenderness, especially on the right side, and some jaundice.

Post-mortem examination showed no effusion in the abdominal cavity; parietal peritoneum inflamed, with lymph patches for a space as large as the hands, just to the right of the umbilicus; omentum and mesentery congested; mesenteric glands injected; external appearance of stomach and intestines healthy; mucous membrane of the stomach thickened and inflamed in its whole extent, and the interior of the stomach full of yellowish, puriform matter, the same in appearance as that in the gall-bladder, soon to be described; duodenum inflamed and containing the same morbid material.

On the visceral peritoneum, two inches below the edge of the liver and just beneath the transverse colon, was an oblong sac full of yellowish pus, and continuous with the neck of the gall-bladder above. This sac was formed of viscid lymph, just tenacious enough to circumscribe the pus. The left lobe of the liver was healthy; the right was enlarged and very much softened, and so far disintegrated that the acini could not be seen. No imperviousness of the arteries, veins, or ducts could be discovered. About two inches above the neck of the gall-bladder was seen a slit in the peritoneal investment, from which was exuding the puriform, bilious fluid mentioned above. On opening the gall-bladder, it was seen to be contracted, thickened, its mucous membrane injected, and of a dark-brown color, with an ulcer the size of a split pea in its posterior wall; this ulcer had direct communication with the perforation in the serous coat

above described. Between the slit and the ulcer was a pouch-like dilatation secreting pus. No gall-stones were found. It was believed to be a case of idiopathic inflammation of the gall-bladder, ending in ulceration.

Dr. Chadwick remarked that in one of the recent London journals, Dr. Monders recommends operation where gall-stones can be felt. Dr. Chadwick thought that an operation might also be performed in case of an abscess as well.

Dr. J. G. Blake mentioned the case of a large distended gall-bladder attended with some jaundice and hepatic enlargement. He asked the society as to the advisability of aspirating the tumor.

Dr. Chadwick thought it quite safe to put an aspirator into any organ; whether in this case it would do any permanent good or not was doubtful.

Dr. Ingalls said he should not hesitate to use the aspirator in the hope of affording relief. He had aspirated nearly every organ without any ill results.

Dr. Blake remarked that it had been a question with him whether the gall would flow through a needle so small as not to occasion any subsequent danger.

Dr. Chadwick thought that gall would flow through any trocar or needle that pus would.

(*To be continued.*)

SMITH'S DISEASES OF CHILDREN.[1]

The present volume is made up of a series of articles upon the principal diseases of the chest and upon acute tuberculosis as affecting the head, chest, and abdomen, which have already appeared in the columns of the *Medical Times and Gazette*, and are now republished in book form after careful revision and with the addition of some new cases.

The introductory chapter contains general remarks upon peculiarities of disease in childhood, hints as to the method of examination of children, and some advice on the subject of infant therapeutics. In the following chapters are articles upon collapse of the lung, croupous pneumonia, pleurisy, acute catarrhal pneumonia, chronic catarrhal pneumonia, fibroid induration of the lung, acute general tuberculosis, tubercular meningitis, and tubercular peritonitis. Of particular interest in these articles is the study of the symptomatology and of the course of the different diseases, showing much original observation. As would be expected, a large share of attention falls to the description of the physical signs; but only their proper and just place is assigned to them as a means of diagnosis, and more than once we are reminded how essential it is for the avoidance of error to take into account all the symptoms as well as the history of the case.

Cases, forty-one in all, are interspersed through the text for purposes of illustration, and comments are added at the end of each case showing the process of reasoning by which the diagnosis is made. It is very possible that in a few of the cases the author will fail to carry conviction to the minds of all his readers as to the correctness of some of his conclusions; but this is to be

[1] *Clinical Studies in Diseases of Children.* By Eustace Smith, M. D. Lond. Published by J. and A. Churchill, New Burlington Street, London. 1876.

expected when we remember the great difficulties that are inherent to the subject.

The chapters upon chronic catarrhal pneumonia and upon fibroid induration of the lung should be especially mentioned as presenting in a more elaborate manner than is to be found in text-books upon children's diseases the important part played by these affections in the chronic destructive processes of the lungs

In the present advanced state of knowledge of the nature and import of physical signs it is to be regretted that there should not be generally adopted a uniform nomenclature of the different sounds. The author frequently manufactures names, so to speak. This is partly unavoidable we are willing to admit; and as a rule the terms used are so expressive that there would hardly be any misunderstanding. In some cases, however, we think that they are open to criticism. For example: "tubular percussion" is an expression often met with, apparently meaning a tympanitic quality of the percussion note. Tubular respiration and bronchial respiration are used without having an identical meaning, for we read in the chapter on pleurisy (page 72): "It often becomes loud and bronchial, and sometimes assumes a tubular character which is indistinguishable from the tubular respiration of pneumonia."

The signification of bronchial respiration is so great when heard that, in order to avoid wrong conclusions, one must be sure of its existence and must not confound other sounds with it. For this reason we feel obliged to criticise expressions occasionally met with, such as, "slightly bronchial" (page 126), "rather bronchial" (page 153).

But a comparatively small space is devoted to the subject of treatment; and in the report of the different cases it is rarely alluded to. In the general remarks, however, at the end of the separate chapters, we find given the author's ideas as to the treatment of each disease, and they are well worth reading. We confess to some surprise at the statement (page 107) that, in performing paracentesis of the chest, "the aspirator has little advantage over the ordinary canula and trochar." Arsenic is a drug often employed by the author in the treatment of chronic catarrhal pneumonia, "given alone or in combination with quinine, to reduce the temperature when the occurrence of pyrexia announces that irritation is set up in the system by the presence of the pulmonary deposit." It is also said to "best control the distressing sickness which often occurs at the end of a paroxysmal cough, combined with pernitrate of iron and small quantities of morphia." For night sweats belladonna is given, and "in prescribing this medicine the remarkable tolerance of children for this drug must not be forgotten. For a child four years old the night draught should not contain less than twenty drops of the tincture, B. P." The tolerance of children for arsenic is also to be remembered, "and between the ages of five or six and twelve it may be given to them in larger doses than are readily borne by the adult."

The book has been very carefully written; and the author has succeeded, by his admirable method of reporting the cases, in making them an important feature of the work, and in causing them to really serve the purpose for which they were intended.

The publishers have done their work well, and there is a remarkable freedom from typographical errors.

THE MARINE HOSPITAL SERVICE.

The report for the fiscal year 1875, by Dr. John M. Woodworth, the supervising surgeon-general, is not only an interesting document but a credit to its author and his assistants, and a proof of the great value of the service. This, it must be understood, is not only for the benefit of seamen in the employ of the government, but, to quote from the report, "the term 'seaman,' hitherto undefined in the statutes, is, by the late congress, made to include, so far as this service is concerned, any person employed on board in the care, preservation, or navigation of any vessel, or in the service, on board, of those engaged in such care, preservation, or navigation. The wisdom of this provision is obvious, it being impracticable to discriminate cooks, porters, or waiters from seamen when application is made for relief." Disabled or sick seamen of any foreign vessel are admitted on payment of a sum sufficient to cover the actual cost of relief exclusive of medical attendance and quarters.

Appended to the report are some very interesting papers on yellow fever at some of the Southern ports during 1875, and essays on syphilis and chancroid, consumption, scurvy, the life-saving service, the seton in paralysis and epilepsy, and ship's medicine chests. Venereal diseases appear so prominently in the records, and are so important in their immediate and remote effects, that it has been justly thought desirable to publish a paper that shall serve as a basis for classification. Dr. Woodworth remarks that "any conclusions hereafter arrived at respecting syphilis among seamen cannot be expected to stand unless the statistics are absolutely correct and sufficiently specific."

The paper by Dr. John Vansant is carefully prepared, and while it offers nothing new presents little for criticism. The tables comparing and contrasting syphilis and chancroid are very good. We confess we think it a waste of time to consider the views of Hippocrates, Galen, and other ancients, or to discuss the lamentations of David and Job in the light of clinical histories. That venereal disease is very prevalent to-day is enough for us. The part of the paper which we like best is that on prophylaxis. "The great objection," says Dr. Vansant, "met with in effecting legislative enactment for the control of this disease comes, paradoxical as it may appear, from the moral element of the communities where its ravages are most severely felt. 'Licensing prostitution' is the cry from the pulpit, and many of the newspapers of the day oppose the only means yet devised in this country for its control.

"But another plan is herewith suggested, — one which, it is believed, the moral element will join hands in encouraging: —

"(1.) Prevent the introduction of venereal diseases from abroad by so amending existing quarantine regulations as to include the physical examination of seamen arriving from foreign ports, — detaining the infected in hospitals designated for that purpose;

"(2.) Prevent the shipment of seamen suffering with venereal diseases (or other disability rendering them unfit for duty) by requiring the physical examination of such as are bound to foreign ports, — with authority to send the diseased or disabled to hospital;

"(3.) Prevent local infection by establishing at our larger ports and inland

cities free dispensaries for the treatment of venereal diseases, and for the free examination of those who may have been 'exposed' to them; and, finally,

"(4.) Arrest and detain in hospital until relieved all persons who, not availing themselves of the free dispensaries, continue to spread venereal diseases.

"Such regulations would be beneficial alike to all classes, by *excluding foreign importation*, and diminishing private as well as public infection."

Another interesting paper is that of Dr. Robert D. Murray on Ship's Medicine Chests. It is enough to make one shudder to think of the drugs they contain to be dispensed at the discretion of the master, assisted by some printed "directions." It is consoling to learn that the drugs are often in very bad condition, and that there is a tendency — we think a very natural one — among sailors to prefer "the heroic expectant treatment of being 'let alone.'" Dr. Murray and Dr. Woodworth agree in recommending a reform in medicine chests, and also the publication of a small, clear, and practical guide book, a chart by which the master will lay his course through the depths and shoals of the practice of medicine. We wish it were practicable, but suppose it is not, to oblige vessels of a certain size to carry a pilot for this kind of navigation in the shape of a doctor.

The most striking feature of the report, however, is not its scientific treatises nor its suggestions, good as they are, but the record it presents of a vast amount of suffering which has been relieved, which must commend it to every friend of humanity in general and of the seaman in particular.

MEDICAL NOTES.

— At a recent meeting of the Medical Society of Marburg, Dr. Külz reported a case of diabetes mellitus by which he proved that there is at times difficulty in establishing a diagnosis. In all doubtful cases he recommends the following method of procedure: the patient is to be made to empty the bladder, and then to eat a large quantity of white bread at once; during four hours the patient is to keep perfectly still, the urine is to be passed every hour after eating the bread up to the fourth hour, when the experiment may cease and the patient may resume his ordinary mode of life. In the examination of the samples of urine the chief attention is to be devoted to that passed at the end of the second hour after partaking of the bread. In twelve persons affected with the light form of diabetes the urine of all was found to contain most sugar in the second hour after eating bread. Külz has already published experimental proof of the fact that forced muscular exertion may reduce the excretion of sugar in mild as well as in severe cases of diabetes, though at the same time he said that this favorable result did not always follow. Eight cases are known to him in which methodical experiments have shown the usefulness of this treatment. In none of these cases could vicarious excretion of sugar through the sweat be proved. Mere exercise in a closed room has no beneficial effect, or only a slight one; mountain-climbing, according to his experience, is the most efficacious. He finished with the exhortation to encourage "forced marches" in the open air in diabetic patients who are capable of it and disposed to try the experiment, more especially if a few preliminary trials show

that the amount of excreted sugar is reduced thereby, rather than to resort to the use of medicines, a practice which he considers as at least questionable.

— *The Lancet* of February 24, 1877, calls attention to a communication recently made by Dr. Onimus to the *Société de Médecine*, of Paris, on the prevalent and pernicious fashion of high and narrow heels to women's boots. The heel of the boot is not only high, but narrow and inclined forwards, so that the distance between the heel and the point of the foot is lessened, and the foot appears smaller than it really is, — a very desirable effect in the eyes of the wearers of high heels. The effect of the oblique position of the foot is to remove the weight of the body from its natural support — the prominence of the os calcis — and to project it forwards on to the plantar arch. Hence arise acute pain and tenderness in the sole of the foot. The forced depression of the anterior part of the foot causes a painful displacement of the articular surfaces, the toes instead of the heel first touch the ground, and the walk is clumsy and heavy. The toes become permanently flexed and pressed together. In consequence of the height of the heel the body has a tendency forwards, and the muscles of the calf have to overact to correct this tendency, and are in a state of painful contraction. Even the muscles of the thigh may suffer. In cases of nervous temperaments the pain and irritation have produced general nervous symptoms of hysterical character. The mode of carriage of the body is influenced by the position of the feet; the centre of gravity must be kept in the line of the base of support, hence the pelvis is tilted forwards, and anteflexion of the uterus is easily produced when high-heeled boots are worn.

— The following case we take from a recent exchange. A young man was brought into the Strasburg hospital at the end of last September in a light stupor and constantly complaining of severe headache; the temperature continued elevated, the pulse accelerated; there were no other symptoms. The patient died at the end of a month. At that time a hard body could be felt under the right eye; it was considered to be a tumor, and the cause of death. The autopsy showed conclusively that a carious lower molar tooth was the cause of death, in that it had caused inflammation in the jaw, which had extended into the spheno-maxillary fossa, from thence into the orbit and into the middle fossa of the cranium, and there had caused a considerable necrosis, which had led to pyæmia. Three abscesses were found in the brain and one in the muscular wall of the heart. The patient had never complained of toothache.

— It is stated that during the week ending February 17th, the sun was above the horizon 69.3 hours, but in London his light was intercepted, and he shone only 9.3 hours: four days not at all, Sunday 5.3 hours, Friday 3.5 hours, and Saturday half an hour.

BOSTON CITY HOSPITAL.

SURGICAL CASE OF DR. CHEEVER.

[REPORTED BY GEORGE W. GAY, M. D.]

Strangulated Inguinal Hernia; Constriction above Internal Ring; Operation; Recovery. — J. R., aged twenty-six years, a stone-mason, first became aware of the presence of a rupture two years ago, after heavy lifting. He

had never worn a truss, but had simply reduced the hernia on going to bed, and allowed it to come down into the scrotum during the day. It had always been reducible until Saturday morning, February 10, 1877, when he was attacked with pain in the region of the rupture, which compelled him to stop work and go home.

He ate a hearty dinner, walked two miles during the afternoon, and in the evening the pain had greatly increased, and vomiting had set in. A physician was called, who made an attempt to reduce the rupture by taxis, but without success. Pain and vomiting persisted throughout the night, all day Sunday, and until Monday noon, when the patient entered the hospital in the following condition: he was restless, and evidently suffering greatly; expression anxious; pulse quick and feeble; tongue brown and dry; abdomen somewhat swollen and tender; and the skin congested. His breath had a fæcal odor, and he frequently vomited a yellowish, bad-smelling substance. A tense, scrotal tumor extended up into the inguinal canal on the left side.

The patient having been partially etherized, Dr. Cheever performed herniotomy fifty-two hours after symptoms of strangulation appeared. On opening the sac two or three ounces of bloody serum escaped, leaving it empty so far as its cavity could be seen. The inguinal canal was then laid open, and a knuckle of small intestine presented itself to view at the internal ring. The constriction was situated above the ring in the neck of the sac, which was attached to the abdominal wall. By gently drawing down the bowel the constricting band was reached and divided and the contents of the sac set free, the sac itself being irreducible. The wound was closed with silk sutures, and a firm compress and double spica bandage applied. Opium and stimulants were ordered *pro re natâ*.

The strangulated bowel was of a dark-maroon color, devoid of its glistening appearance, and covered with a layer of lymph at the point of constriction. A slight rupture of the peritoneal coat was seen at the fundus of the tumor.

The vomiting ceased early the next morning. Three hours after the operation the bowels moved, and the next day there were several bloody stools attended with pain in the abdomen, and some tympanites. These symptoms passed off in a few days with the exception of the diarrhœa, which persisted for nearly a fortnight, but finally ceased.

Six days after the operation there was retention of urine, requiring the use of a catheter, which was followed in a few hours by a purulent discharge from the urethra. There was no scalding on micturition. The cause of this discharge, which subsided in a few days, was not apparent.

A month after the operation the patient was walking about the ward with his wound nearly healed.

This patient was in such a wretched condition on entering the hospital that it was only with the greatest difficulty that his strength could be kept up until the strangulation was relieved. While being etherized his respiration ceased entirely for a few moments, and to all appearances he was dead. He finally rallied, however, under the persistent use of Sylvester's method, and the operation was performed without further etherization. Might not chloroform have proved fatal under similar circumstances?

The severity and long duration of the symptoms previous to the operation, as well as the alarming prostration at the time, the subsequent diarrhœa, and local peritonitis, all indicate the great danger this patient has undergone.

The case is also of interest from the fact that the place of constriction was at the mouth of the sac, above the internal ring. The main portion of the sac itself contained only serum, and of course the force used during taxis was exerted directly upon this fluid, and not upon the bowel. Undoubtedly the bowel was safer from the evils of overmuch manipulation than it would have been had it occupied its usual place in the sac.

Sir Astley Cooper's folio on hernia contains several illustrations of "strangulation in the sac."

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING APRIL 14, 1877.

	Estimated Population, July 1, 1877.	Total Mortality for the Week.	Annual Death-Rate per 1000 for the Week.	Death-Rate for the Year 1876.
New York	1,077,228	502	24.23	27.46
Philadelphia	850,856	348	21.27	22.88
Brooklyn	527,830	202	19.90	24.31
Chicago	420,000	158	19.59	20.41
Boston	363,940	130	18.57	23.39
Providence	103,000	38	19.18	18.34
Worcester	52,977	20	19.63	22.00
Lowell	53,678	24	23.25	22.21
Cambridge	51,572	18	18.15	20.54
Fall River	50,370	12	12.39	22.04
Lawrence	37,626			23.32
Lynn	34,524	10	15.06	21.37
Springfield	32,976	7	11.04	19.69
Salem	26,739	6	11.67	23.57

Suffolk District Medical Society. — The annual meeting will be held at the rooms, 36 Temple Place, on Saturday evening, April 28th, at seven and a half o'clock. Election of officers. The following papers and cases will be read: —

Dr. J. R. Chadwick. A Few Practical Expedients in Gynæcology.

Dr. J. P. Ordway. The Treatment of Fistula in Ano.

Dr. John Homans. A Case of Ovariotomy.

Dr. A. P. Richardson. Public and Private Medical Institutions; their Uses and Abuses.

Tea, etc., at nine o'clock.

A. L. Mason, *Secretary.*

Books and Pamphlets Received. — A Series of American Clinical Lectures. Edited by E. C. Seguin, M. D. Vol. III. No. 2. Hydrocele. By E. D. Hayes Agnew, M. D.

The One Hundred and Seventh Annual Report of the State of the New York Hospital and the Bloomingdale Asylum for the Year 1876. New York. 1877.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the Fiscal Year 1875. John M. Woodworth, M. D. Washington. 1876.

The Mortality of Surgical Operations in the Upper Lake States. By Edmund Andrews, A. M., M. D. Chicago. 1877.